

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5502

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		d. STREET ADDRESS 524 E. 56th Street	
Length of stay in lb 36 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last PATRICK M. HAYES		4. DATE OF DEATH Month Nov. Day 28 Year 1957	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 13-1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Promotion Rep.		10b. KIND OF BUSINESS OR INDUSTRY & TRADING Co. U.S. Supply Co.	
11a. FATHER'S NAME Patrick Hayes		11b. MOTHER'S MAIDEN NAME Mary Cline	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF HUSBAND OR WIFE Zita L. Hayes	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW#1		15. SOCIAL SECURITY NO. 486-09-7967	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Pulmonary Embolism		17. INFORMANT Mrs. Zita L. Hayes - 524 E 56th St	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		18. INTERVAL BETWEEN ONSET AND DEATH 8-10-57	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Operated 3 weeks ago fractured hip		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Two car collision	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 1-24-57 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 50 Highway	
20e. CITY, TOWN, OR LOCATION Cole		20f. COUNTY MO	
21. I attended the deceased from to and last saw her alive on		22. Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.	
23a. SIGNATURE (Degree or title) Hugh H. Owens		23b. ADDRESS 1034 Rialto Bldg	
23c. DATE SIGNED 11-21-57		23d. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem	
23e. LOCATION (City, town, or county) (State) Hickman Mills, Mo		23f. FUNERAL DIRECTOR Melody M. Gilly Eyles Funeral Home	
23g. DATE RECD. BY LOCAL REG. 11-21-57		23h. REGISTRAR'S SIGNATURE Neva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

Hugh H. Owens

850. 3 1 MAY 1968

If this body is not embalmed, fact should be so stated above.